

QIO-Waiver Prior Authorization

Purpose:

A waiver prior authorization (WPA) is required when costs of a certain service under a Home and Community Based Services (HCBS) waiver are in excess of the median amount for payments as determined by the Iowa Department of Health and Human Services (HHS). HHS staff determines the services and utilization parameters for WPA.

The QIO reviews WPAs for fee-for-service members who are on the one of waiver programs:

- Physical Disability (PD) waiver
- Brain Injury (BI) waiver
- Health and Disability (HD) waiver
- AIDS/HIV (AIDS) waiver
- Elderly waiver (EW)
- Intellectual Disability (ID) waiver
- Children's Mental Health (CMH) waiver

Identification of Roles:

Review assistant (RA) – assists in processing peer review information, appeal documentation, and with logging and assigning information in OnBase.

Review coordinator (RC) – responds to WPA requests, screens requests for completeness and reviews for compliance with policy, medical necessity and appropriate units and forwards to peer reviewer (PR) for review when needed.

Case managers (CM) - complete the assessment tool with the member and other appropriate individuals and develops a person-centered plan.

Medicaid medical director (MMD) – reviews member cases and makes a determination based on the medical record and any supporting documentation. Approves PR credentials, additions to PR panel, re-certification of PR. Oversees PR decision outcomes.

PR – reviews medical or vocational records for a variety of reasons.

Performance Standards:

- Initial prior authorization reviews will be completed for 100% of the members within 2 business days.
- Reassessments will be completed for 100% of the members within 5 business days.

Path of Business Procedure:

See Attachment 1.

Step 1: The Certificate of Medical Necessity form will be completed by a CM then submitted, faxed, or uploaded to IMPA. The CM will submit the necessary supporting documentation along with the request.

Step 2: RC will complete a comprehensive review of submitted documentation utilizing service criteria. The RC will approve when the Certificate of Medical Necessity is submitted and completed correctly, the item is correctly coded in the member's service plan, and the requested item is determined to be medically necessary. Medical necessity will be determined by the RC when that service is:

- Consistent with the diagnosis and treatment of the member's condition;
- Required to meet the medical needs of the member and is needed for reasons other than the convenience of the member or the member's caregiver; and
- The least costly type of service that can reasonably meet the medical needs of the member; and in accordance with the standards of good medical practice.

Review of home and vehicle modifications, assistive devices, specialized medical equipment, adaptive devices, therapeutic resources, and environmental modifications for purchases costing less than \$50 will go through a modified WPA process.

Step 3: If RC is unable to determine that the request for services is appropriate based on the information provided, the CM is contacted by email using the Request for Additional Information request form in an attempt to gather additional information regarding the member's status.

Step 4: If additional information is not submitted within the appropriate timeframe, the RC will complete a technical denial.

Step 5: If the RC cannot approve the service, the case will be sent for PR. Only PRs make denial or modified decisions.

Step 6: Once the review outcome is completed, the review decision is entered into loWANS.

Step 7: If the provider does not agree with the decision they are able to file an appeal.

Forms/Reports:

Form [470-5047](#) Certificate of Medical Necessity for Waiver Assistive Devices
Form [470-5048](#) Certificate of Medical Necessity for Consumer-Directed Attendant Care
Form [470-5049](#) Certificate of Medical Necessity for Environmental Modification
Form [470-5050](#) Certificate of Medical Necessity for Home and Vehicle Modification
Form [470-5051](#) Certificate of Medical Necessity for Prevocational Services
Form [470-5528](#) Certificate of Medical Necessity for Health and Disability Waiver Cap Increase

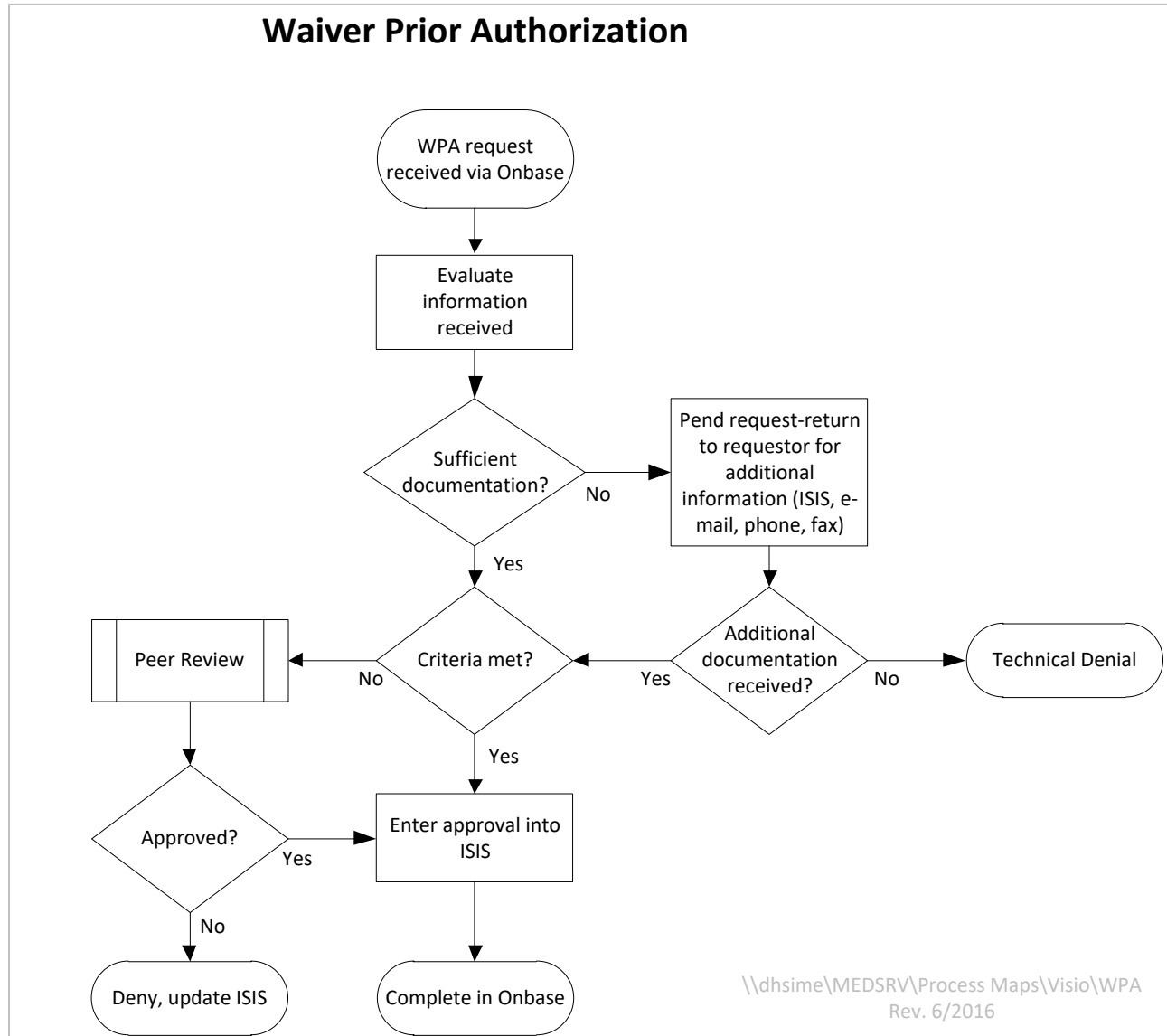
Interfaces:

IoWANS, OnBase

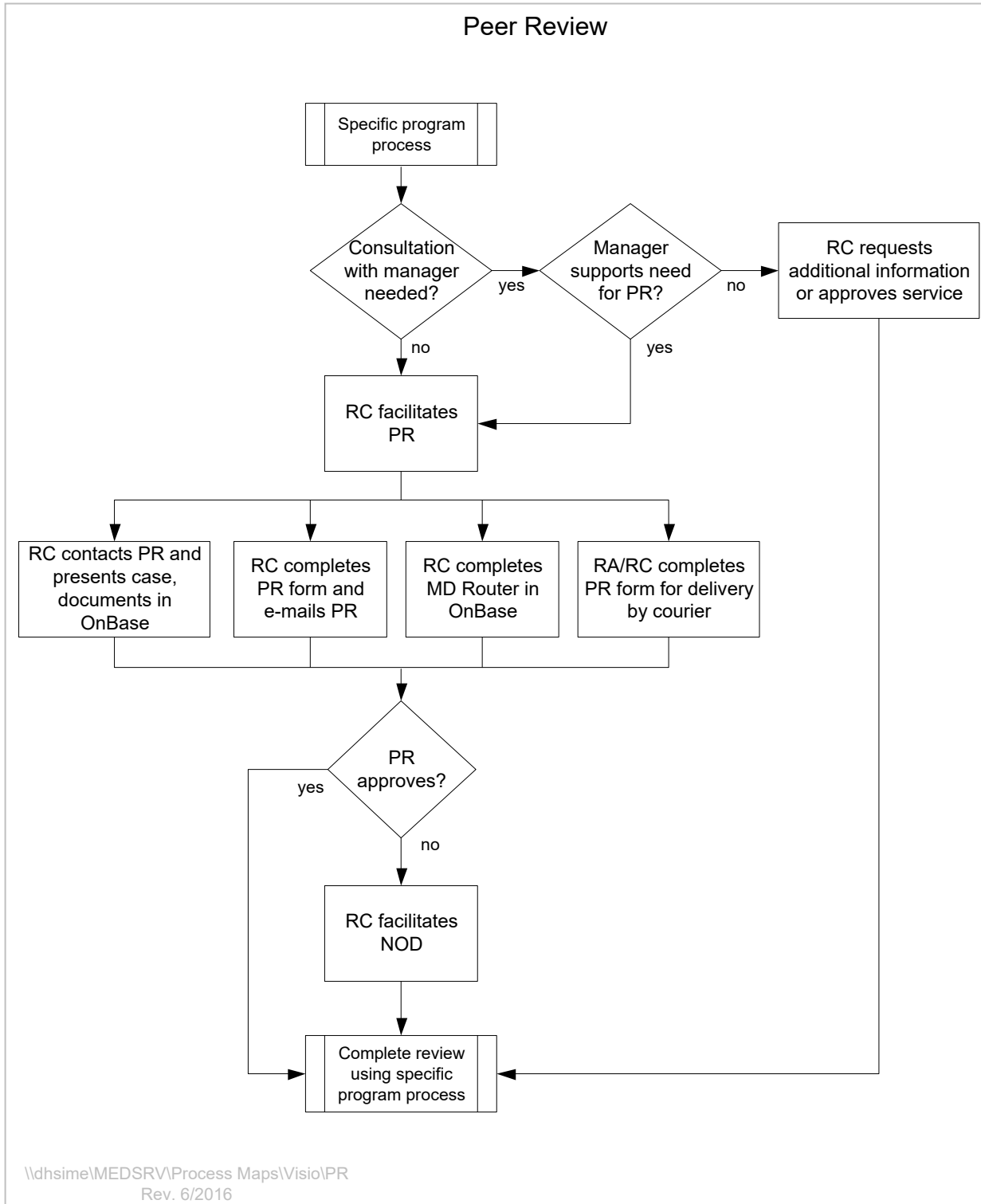
RFP Reference:

6.2.3(aa)

Attachment 1:



Attachment 2:



Attachment 3:

